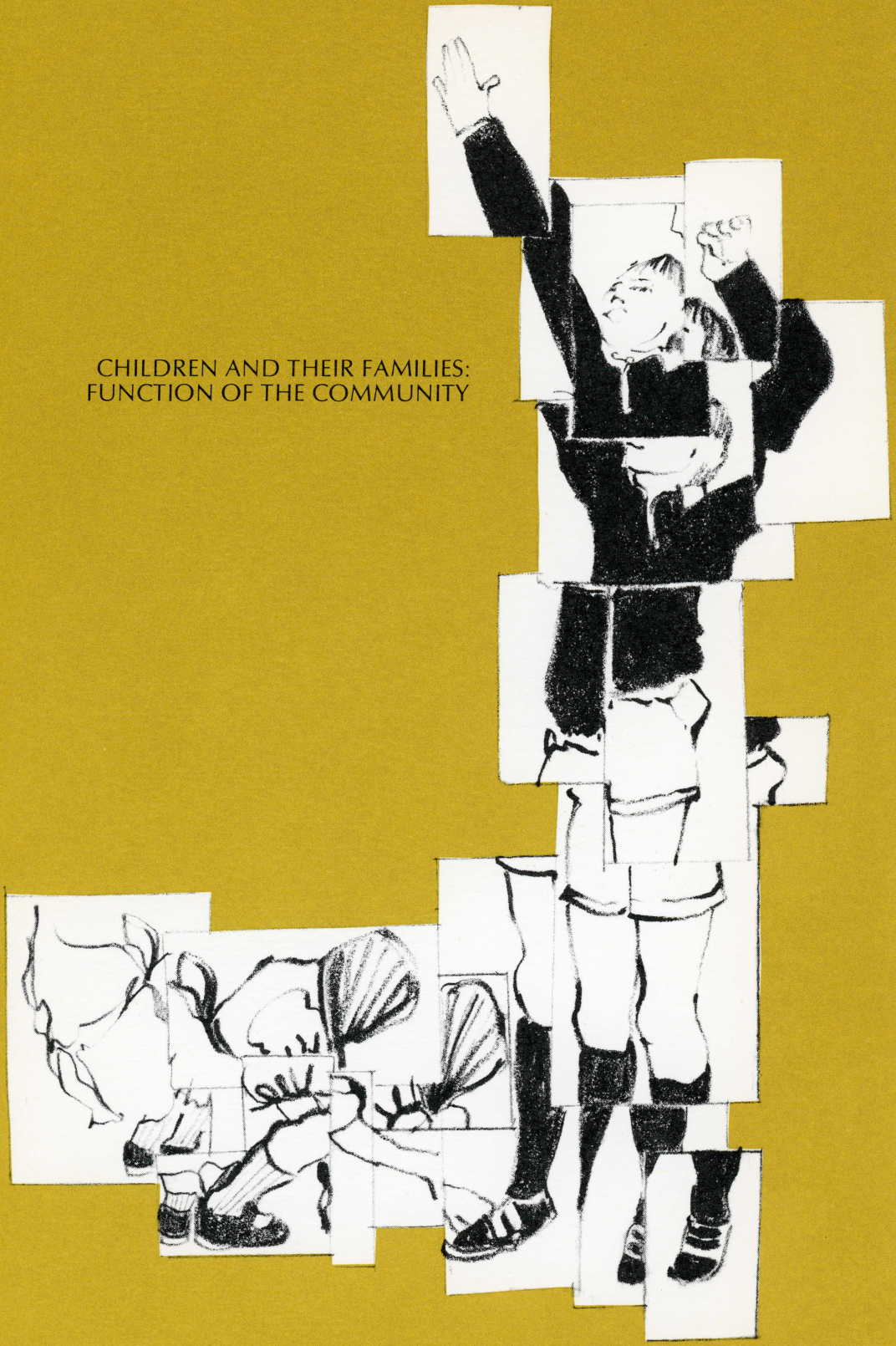
CHILDREN AND THEIR FAMILIES: FUNCTION OF THE COMMUNITY



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CHILDREN AND THEIR FAMILIES: FUNCTION OF THE COMMUNITY

J. Cotter Hirschberg, M.D.

INTRODUCTION

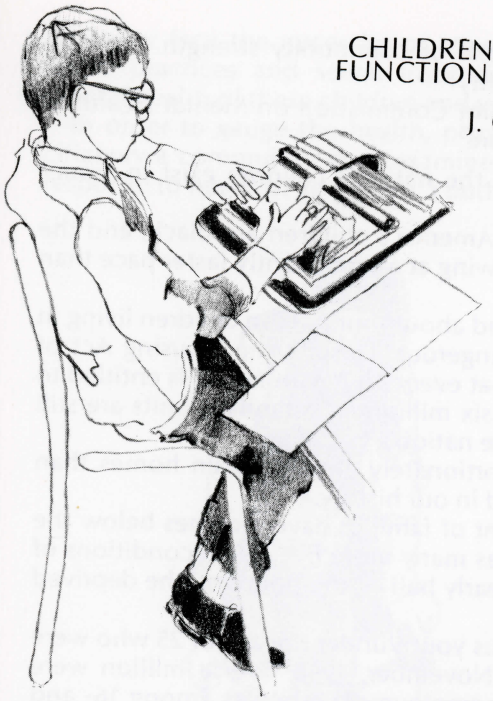
Poverty, poor housing, unemployment, and incidence of emotional problems in our culture victimize children, who also must wait longer than any other segment of our population for services in mental health and mental retardation centers. These are the findings of Dr. Cotter Hirschberg, who bases his statements on an impressive array of data. Our often touted "child-centered culture" becomes, in his analysis, more a matter of words and wishful thinking than of reality.

Recently, however, children have been represented in legislative halls and in health planning groups by persons who call themselves "advocates" for child mental health. Educators, parents, and teachers know that the child's earliest years are the time to begin. They also are stressing that mental health, much more than the absence of mental illness, should be a goal in itself.

Ironically, a psychoanalyst who customarily spends hours of time a week and weeks of time a year with individual patients is the one to state with documentation that mental health of all persons has its roots in the broadest aspects of our culture. Where Dr. Leonard Cottrell pointed out some years ago that planners should have as their goal the achievement of "competent communities," Dr. Hirschberg applies the same goal to individuals in the communities and insists that we start with children. Our author talks like a social scientist, a community and national planner, an ethicist, as well as a therapist. We are grateful to him for the breadth of his thinking and for the personal example which his leadership has provided in the field of child mental health. His statement was given with such logic and sincerity that we thought it should be made available to many more people than those who heard him in the conference organized by the Hogg Foundation for mental health - mental retardation center directors and trustees.

Robert L. Sutherland

President Emeritus
Hogg Foundation for Mental Health



CHILDREN AND THEIR FAMILIES: FUNCTION OF THE COMMUNITY*

J. Cotter Hirschberg, M.D.

Community well being rests on the quality and quantity of the basic health, educational, recreational, and welfare services provided for all citizens, as well as on the special services which may be needed for children and parents with special problems. A strong, well-integrated community program provides the framework within which the services can be rendered to the individual child or family.

We must assume that there is agreement on certain fundamentals which we take so much for granted that they are seldom specified in the discussion of mental health or illness in our society. It is assumed that adequate employment, decent housing, social acceptance, freedom of worship, public education, public health services, and the social securities provided by federal, state, and local government are among the basic aims of a community which endeavors to provide for its citizens a setting that is conducive to family unity and individual development. It is further to be assumed by us that the absence of any of these ingredients is harmful to the well being of the people in the community and therefore a hazard to family unity and individual development. (1)

*Keynote Address presented at "Center and Citizen," a seminar for directors and trustees of mental health-mental retardation centers in Texas, June 15, 1973.

These facts state the ideal of community strength. How do they integrate with the reality?

Facts reported by the Joint Commission on Mental Health of Children present this picture:

> About 30 percent of the nation's children exist in "inner cities."
>
> About 12 million of America's children are black, and the black population is growing at a significantly faster pace than the white.
>
> The 1960 census found about four million children living in housing considered dangerous. Despite the Housing Act of 1949 which declared that every American family is entitled to decent housing, some six million sub-standard units are still home for millions of the nation's young.
>
> More children proportionately are in broken homes than during any other period in our history.
>
> The lowest 20 percent of families have incomes below the poverty level. At least as many more live under conditions of serious deprivation. Nearly half of the poor and the deprived are children.
>
> Of the 15 million-plus youth under the age of 25 who were in the labor force in November, 1967, over a million were jobless. The highest unemployment rate was among 16- and 17-year-olds, most of whom were school dropouts without training or work experience.
>
> The Children's Bureau has reported that one of every nine children in the United States will have been referred to a court for delinquency before his eighteenth birthday. School dropouts may be involved in delinquency as much as ten times more often than children who remain in school.
>
> The National Committee Against Mental Illness has estimated that about four million children under age 14 are in need of help because of emotional problems. Of 64,000 patients on waiting lists of psychiatric clinics in 1965, two-thirds were children. The Chief of the Office of Biometry of the National Institute for Mental Health has noted that the increase in the inpatient child population has been three times as great as the population growth in this same age group. (2)

In November, 1967, Americans under the age of 25 numbered between 94 and 95 million, nearly half of the total population of the United States. Communities and mental health profession-

als today face the necessity of considering the implication of social practices and social institutions on the physical and mental health of these children and youth and their families.

In order to gauge the health, physical and emotional, of its citizenry a community must examine its own awareness of and response to needs of all people. Youth often claim high priority.

NEEDS OF YOUTH

If the needs of youngsters are to be met (and these needs include good figures for identification, adequate role models, the ability to give and receive love and affection, adequate nutrition and health services, and the freedom to exercise imagination and creativeness), all of us must be able to be aware when these needs are not being met. One hopes for a communality of basic experiences and core values within our culture.

The community's readiness to make effective use of treatment depends largely on the community's understanding that a

treatment function must be only one of a broad network of services. Each has its own specific role to play in the community's total program, and each must be used flexibly and on the basis of sound professional evaluation of the individual child and his family situation.

"We believe that if a child is to grow steadily and soundly toward maturity he needs many things, all important in their time and place. He needs understanding, loving parents; good teachers; stimulating recreation; acceptance by his peers – not to mention food, clothing, shelter, and so on. When the child's basic needs are not met, or when for whatever combination of reasons his physical and/or emotional growth and development are threatened or interrupted, help should be immediately available in the community to the child and his parents.

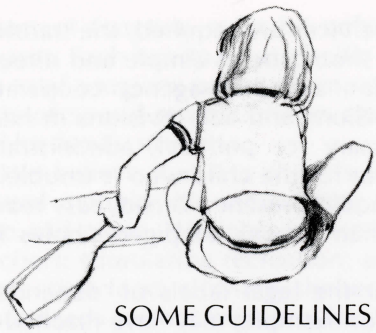
"Whether it be in the office of the family doctor, in an official or voluntary health agency, in the school, the recreational agency, the family or children's court, or other social setting in which the problem is recognized or to which it is brought, early help should be forthcoming within the context of that setting. Consultation on physical, social, or emotional concomitance of the problem should be available to the individual or agency serving the child and his family.

"When more specialized services are required, the transition for the child and his family should be as simple and direct as good community organization and inter-agency cooperation can make it. Categorical divisions and sub-divisions in health and welfare may be necessary for political, administrative, financial, or other reasons. But for the child who is troubled or in trouble, the community should present a broad, easy road to the help he needs, rather than a bank of pigeon holes into which he must be fitted.

"The youngsters who bear the legal labels of 'dependent,' 'neglected,' or 'delinquent,' for example, may have reached the public welfare agency or the court through any number of channels involving alleged parental neglect or delinquent behavior. What happens to these children should depend not on the label, but on the needs and on the potentialities of the individual child to benefit from the coordinated efforts of the community to help him and his parents deal with and resolve the difficulties under which he is laboring.

"The evaluation of a child's problem and of the strengths and weaknesses in his total situation requires sound local professional judgment. It may be recommended that the child remain with his family and that auxiliary counseling be provided to help his parents become a more cohesive and potentially supportive influence in his life. Or it may be thought advisable to remove the child from the home, either into foster care or protective placement or institutional treatment. Whatever the decision it should be based on the fullest possible understanding of the child and his family with local professional consultation available as required.

"In addition to making available professional consultation for all agencies and institutions which serve our troubled children either in their own homes or in residences, the community must provide diagnosis and treatment for children suffering from emotional disorders. Traditionally, the community established outpatient clinics first, and later as the need was determined, undertook to set up inpatient facilities for children. Experience now points to the inter-dependence of inpatient and outpatient services and the need for both if continuity of service is to be maintained, in addition to their responsibility for service to children with different treatment needs." (1)



SOME GUIDELINES

Some principles have gradually emerged regarding the establishment of community services for children and parents:

A. Soundest progress in community organization for emotionally disturbed children is achieved by developing services in developmental succession; namely, preventive before diagnostic, diagnostic before outpatient treatment, outpatient treatment before residential treatment, and so on. (3)

B. Services which reach larger numbers of children at earlier ages or stages of disturbance are generally less expensive, shorter-termed, and with more favorable effects than those which reach children later and in more deeply disturbed conditions. (3)

C. Greater numbers of disturbed children can be helped in communities which have a wide complex of education, preventive, diagnostic, and treatment facilities. (3)

In practice these principles suggest that it may be soundest to begin by making better use or refocused use of existing resources than to establish and promote new services immediately. If a small community has a family service agency but no outpatient clinic, the addition of psychiatric services and staff to the agency may be more economical than establishing a clinic. If a good institution for dependent children is interested in adding psychiatric consultation and improving its staff and program, it could serve a group of disturbed children who do not need the more expensive, intensive type of inpatient hospital care. Coordinating outpatient clinic organizations with foster care agencies can provide foster care for a child who needs clinic care, as well as to provide clinical services for the child who becomes disturbed in foster care. (3)

SPECIAL SERVICES

The nature and scope of any program for children and parents is determined by the nature of childhood itself and the nature of family structure. In the case of a disturbed child or a disturbed family, there should be available: individual and/or group psychotherapy; chemotherapy as indicated; comprehensive medical care; parent counseling and/or treatment of one or both parents; the selective use of community resources to stimulate and strengthen the child's participation in educational, recreational, and other activities along with his peers. This program emphasizes the need for the community mental health center.

Children and their parents are dependent for help on the resources within the local community, and it is our important task to help in the development and support of these resources. It is important to realize the relationship between an individual and his environment in order to understand those stresses which prevent optimal functioning of persons. With such understanding, it becomes possible to increase the flexibility of the environment and minimize the disturbance and stress.

We wish to guide the normal as well as the troubled child in order that he will ultimately attain a mature physical, intellectual, and emotional state. Also, however, we are equally interested in offering consultation and guidance to those "helping persons" in the community who are assisting in training other professionals in addition to offering direct clinical services.

SOME FUNDAMENTAL PRINCIPLES

Human behavior is multiply determined. The causes of behavior are variable and of many forms. Many causes are rooted deeply not only in the individual's life but in the very fundamentals of the life of the society itself. Thus it is that many different professional groups using many different resources have both a legitimate opportunity and an obligation to participate in helping troubled children and their families. We wish to effect a functional coordination between agencies and

to bring the various agencies to the attention of those who need them.

Through our awareness of the needs for particular community services, or awareness of deficiencies of community service, we will be in a position to promote the establishment of new agencies or to strengthen the existing ones. Since the problems of an emotionally disturbed child are determined by a multiplicity of factors (more than can reasonably be taken into account in any one program), we need to decide whether the factor to be corrected is causal and critical and which factor is accessible and vulnerable to change. Many problems are best dealt with, not by treating the problem after it troubles a person, but by preventing the difficulty.

It is a fundamental principle of our democratic society that public education must be available to all children. It is equally sound to maintain that each child has a right to expect from his public school system the opportunity to acquire knowledge and skills at a rate commensurate with his ability. In addition, the opportunity should be presented in a manner designed to help him achieve maximum utilization of his intelligence and adaptive capacity, as recommended by the Preparatory Committee on Related Community Services of the American Psychiatric Association.

It is generally agreed today that recreation in childhood is not a luxury but is a need which must be met if the child is to become a social being capable of living, playing, and working with his peers. For a disturbed child, recreational facilities often provide a bridge to the normal life of the community.

Participation of child patients in neighborhood religious activities is another bridge to normal community life. The development of internalized moral, spiritual, and ethical standards is part of the structure of life for all children, and certainly no less so for disturbed youngsters whose adaptive capacities have been threatened by emotional problems. Sunday school classes, church and temple attendance, social groups for children under auspices of religious bodies, all offer a variety of experiences which help the child in his readiness for continued emotional growth and development. (1)

Individuals desire a life beyond the narrow confines of themselves. Children and adults want to learn, want to work, and want to be a part of the community. Our efforts return their

greatest value when they enable the whole family to improve its capacity to contribute to the community as well as to receive from it.

We need to extend our understanding to the wider ramifications of relationships between social forces, group experience, environmental conditions, and child mental health as a basis for appropriate interventions. For example, a customary therapeutic function is to influence parental attitudes which are so significant a part of the child's dynamic environment. A comparable intervention at a more widely ramified level could consist of participation in framing or opposing certain types of legislation which would ultimately though indirectly affect child mental health and have its impact on the life conditions of families. (4)

One of the functions of the local center today is that of conceptual integration of the community and its functions. Today's community center has several such tasks: (a) integrating an identification with both parents and children as interacting members of a family unit, (b) viewing both mental hospital services and community based services as functional components of a continuum of services to people as members of families both in and out of their own homes, (c) using public health approaches to data gathering and prevention, (d) understanding the techniques of communication, (e) providing clinically informed consultation on community policies and procedures, (f) stimulating appropriate community projects, (g) building of hypotheses and designing research to test them as basic to the planning of improved kinds of psychiatric service. (4)

If the community genuinely believes in the family's *right* to help in time of need, then we think and feel in terms of the individual's *own* needs and can make best use of ourselves and our services in time of trouble. When people are disturbed, they tend to be more sensitive to the attitudes of others, and the community loses if its resources are inadequate and block the family from the full psychological benefits of the community and its help.

When life is difficult, people often return to earlier patterns of behavior, to earlier younger ways of handling problems, but such regression need not be permanent if we can add to the person's own strengths or if we know which resources will ease excessive environmental pressure. Individuals will struggle to

keep their adult goals, and children will struggle to progress and grow, if we can meet needs without undermining healthy impulses.

If we are to reach individuals before total breakdown occurs, we must disassociate any ideas of personal failure from the seeking of help. A person's recognizing that a problem cannot be met unaided or without assistance from an outside source is not an indictment of his worth or integrity.

COMMUNITY ROLE

Participation in the organized efforts of the community to improve the quality and quantity of its services is a fundamental obligation of all. Our sense of responsibility should lead us to feel that no individual is privileged to complain about the community's inadequacies unless he is at the same time doing everything he can to help correct them. As informed citizens of the community we must know the facts about the community resources to help emotionally disturbed children and their families and then work toward needed reasonable objectives whether such a goal may call for a realignment of community services or whether it may encompass the establishment of new facilities requiring municipal or state legislation.

It is our personal responsibility to contribute from our time, knowledge, and special skills to the general improvement of the community in which we live. As volunteers in church, recreational, social, political and other community groups, we not only serve the community but we represent all its constructive

aspects in the minds of those whom we meet. We are responsible for informing ourselves about the community facilities which serve children and families. This is how one becomes equipped to re-evaluate and if necessary modify the existing patterns of service as required by new problems and/or new knowledge.

We must work toward the positive adaptation of individuals, families, and groups of people. The present move of medicine is in general toward health preservation and the prevention of illness, and we must be aware that the community consists of many things: the people, the industries, the culture, the geography, and so on.

Today, one needs to be aware that there are important class differences, ethnic differences, lay-professional differences, and sexual differences about the goals, values, and beliefs regarding the nature of man, the role of the individual, the methods of child rearing, and the relationship between individual and group needs. (5) We need to be able to assess the community and the culture and be interested in all health-preserving and character-building social institutions.

We must seek to activate the inner resources of the individual and the outer resources of the community, sometimes using more of one, at other times using more of the other, to help the child and his parents achieve a better balance in their adjustment to the community within which they live and function.

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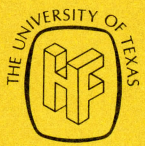
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